



Licensure Bureau

CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

March 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Benefis Spectrum Medical	Havre	Expansion of home health service area	N/A	10/26/15	Nov 2015	N	3/10/16	3/9/16		6/7/16		
Immanuel Lutheran Communities	Kalispell	Renovation of a portion of existing skilled nursing facility	Over \$1.5 Million	11/30/15	Dec 2015	N	2/29/16	2/17/16		5/17/16		
Blackfeet Tribal Nursing Home	Browning	Replace existing nursing home facility	Over \$1.5 Million	2/4/16	Mar 2016							
<b>Beta Factor Home Care, LLC</b> <b>Rocky Mountain Home Care II, LLC</b>	Butte Billings	Change of Ownership	N/A	2/29/16	N/A	NR	N/A	N/A	N/A	N/A	N/A	N/A
<b>Bellwood Ranch, LLC</b>	Simms	Establish inpatient chemical dependency treatment	\$25,000	3/31/16	April 2016							

**LEGEND:**

ASC Ambulatory Surgical Center  
 CDU Chemical Dependency Unit  
 CO County  
 CR Comparative Review  
 DEC Decision  
 DISMISS Appeal dismissed

H Hospital  
 IHS Indian Health Service  
 LOI Letter of Intent  
 LTC Long-Term Care  
 MTH Month of Notice  
 NH Nursing Home

REC REQ-Reconsideration Hearing of Decision  
 REQ Request  
 SNF Skilled Nursing Facility  
 TBA To Be Announced  
 TBI Traumatic Brain Injury  
 10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)

FAC Facility

HHA Home Health Agency

NR Non-Reviewable Project

N/A Not Applicable

N Disapproval or No    Y Approval or Yes

DATES Month/Day/Year

\* First-year operating cost HHA, (may not be strictly comparable).

Name of facility in **BOLD** indicates a new request for report month.